

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23020**
Registrar's No. **345**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3012		Registrar's No. 345	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau				c. CITY OR TOWN Dexter		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) R.F.D. #2, 1030			
3. NAME OF DECEASED (Type or Print)		a. (First) Edgar		b. (Middle) Lewis		c. (Last) Fields	
4. DATE OF DEATH		Month July		Day 9		Year 1956	
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1929	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 11 Days 21	IF UNDER 24 HRS. Hours Min. 	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck-driver
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck-driver		10b. KIND OF BUSINESS OR INDUSTRY Sinclair Ref. Co.		11. BIRTHPLACE (City and State or Foreign Country) Elvins, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Delbert Fields		13b. MOTHER'S MAIDEN NAME Mae Montgomery		14. NAME OF HUSBAND OR WIFE Faye Fields			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-30-9204		17. INFORMANT'S SIGNATURE OR NAME Mrs. Faye Fields, Dexter, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 4, 1956 , to July 9, 1956 , that I last saw the deceased alive on July 8, 1956 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.		23b. ADDRESS 714 Broadway Cape Girardeau, Mo.		23c. DATE SIGNED 7-16-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-56		24c. NAME OF CEMETERY OR CREMATORY Armstead Dowdy		24d. LOCATION (City, town, or county) (State) R.F.D. #3, Dexter, Mo.	
DATE REC'D BY LOCAL REG. 7-17-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Lucille Rainey*.....

Licensed Embalmer No...*498*...

P. O. Address...*Depton*...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.